

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: METHOD FOR PRODUCING CLOUD FREE,
AND CLOUD-SHADOW FREE, IMAGES

Attorney Docket Number:: 032306-005

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

China

Status::

Full Capacity

Given Name::

Min

Middle Name::

Li

Family Name::

Singapore

City of Residence::

Singapore

State or Province of Residence::

Singapore

Country of Residence::

20 Jalan Lampong #04-02

Street of Mailing Address::

Singapore

City of Mailing Address::

State or Province of Mailing
Address::

Initial 07/22/04

Country of Mailing Address:: Singapore

Postal or Zip Code of Mailing Address:: 128802

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Malaysia

Status:: Full Capacity

Given Name:: Soo

Middle Name:: Chin

Family Name:: LIEW

Name Suffix::

City of Residence:: Singapore

State or Province of Residence::

Country of Residence:: Singapore

Street of Mailing Address:: Block 27, Dover Crescent #13-29

City of Mailing Address:: Singapore

State or Province of Mailing Address::

Country of Mailing Address:: Singapore

Postal or Zip Code of Mailing Address:: 130027

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Singapore

Status:: Full Capacity

Given Name:: Leong
Middle Name:: Keong
Family Name:: KWOH
Name Suffix::
City of Residence:: Singapore
State or Province of Residence::
Country of Residence:: Singapore
Street of Mailing Address:: 73 Yuk Tong Avenue
City of Mailing Address:: Singapore
State or Province of Mailing Address::
Country of Mailing Address:: Singapore
Postal or Zip Code of Mailing Address:: 596374

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number:: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application:: Parent Filing Date::
This Application	National Stage of	PCT/SG02/00009 01/22/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignee Information

Assignee Name::	National University of Singapore
Street of Mailing Address::	10 Kent Ridge Crescent
City of Mailing Address::	Singapore
State or Province of Mailing Address::	
Country of Mailing Address::	Singapore
Postal or Zip Code of Mailing Address::	119260